



Attorney's Docket No.: 4860P0539D4

Patent

In re the Application of: Daniel Scott Venolia  
(inventor(s))

Application No.: 10/776,389

Filed: February 10, 2004

For: ZOOMING CONTROLLER

(title)

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SIR: Transmitted herewith is a Response and Amendment for the above application.

☐ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.

☒ No additional fee is required.

☒ Other: Fee for RCE is included.

The fee has been calculated as shown below:

| (Col. 1)  |                                   | (Col. 2) |                                       | (Col. 3)         | SMALL ENTITY      |                   | OTHER THAN A<br>SMALL ENTITY |                   |
|---|-----------------------------------|----------|---------------------------------------|------------------|-------------------|-------------------|------------------------------|-------------------|
|   | Claims<br>Remaining<br>After Amd. |          | Highest No.<br>Previously<br>Paid For | Present<br>Extra | Rate              | Additional<br>Fee | Rate                         | Additional<br>Fee |
| Total<br>Claims   | * 56                              | Minus    | ** 56                                 | 0                | X25               | \$                | X50                          | \$ 0              |
| Indep.<br>Claims  | * 11                              | Minus    | *** 11                                | 0                | X100              | \$                | X200                         | \$ 0              |
| <input type="checkbox"/> First Presentation of Multiple<br>Dependent Claim(s) |                                   |          |                                       |                  | +180              | \$                | +360                         | \$                |
|   |                                   |          |                                       |                  | Total<br>Add. Fee | \$                | Total<br>Add. Fee            | \$ 0              |

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop RCE, Commissioner for Patent, P.O. Box 1450, Alexandria, VA 22313-1450

on December 14, 2006  
Date of Deposit

Chikako Yagi  
Name of Person Mailing Correspondence

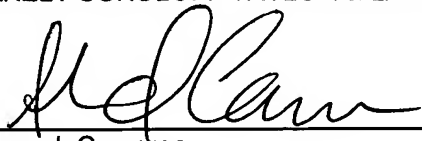
Chikako Yagi  
Signature

12-14-06  
Date

\_\_\_\_\_ A check in the amount of \$ \_\_\_\_\_ is attached for presentation of additional claim(s).  
\_\_\_\_\_ Applicant(s) hereby Petition(s) for an Extension of Time of \_\_\_\_\_ month(s) pursuant to  
37 C.F.R. § 1.136(a).  
  X   A check for \$ 790.00 is attached for processing fees under 37 C.F.R. § 1.17(e).  
\_\_\_\_\_ Please charge my Deposit Account No. 02-2666 the amount of \$ \_\_\_\_\_.  
**A duplicate copy of this sheet is enclosed.**  
  X   The Commissioner of Patents and Trademarks is hereby authorized to charge payment of the  
following fees associated with this communication or credit any overpayment to Deposit Account  
No. 02-2666 (a duplicate copy of this sheet is enclosed):  
      X   Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of  
        extra claims.  
      X   Any extension or petition fees under 37 C.F.R. § 1.17.

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: 12-14-06

  
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